

215037938
60686

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 164	Agency Case No. B5-086379	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/17/2015		(In Military Time) TIME OF ACCIDENT 1717	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1717	09/18/2015	
B 85	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 14th St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
			270.00	X	Mockingbird Ln N	
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13089741		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	GLORIA U SOLIZ		PHONE	402-770-0341	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	03/15/1976	
	8940 DEL RIO DR, LINCOLN, NE 68516					
G 4	OWNER	JORDON E SOLIZ / GLORIA U SOLIZ		PHONE	402-770-0341	
	OWNER ADDRESS		CITY, STATE, ZIP		CITATION	<input checked="" type="radio"/> YES <input type="radio"/> NO
	8940 DEL RIO DR, LINCOLN, NE 68516				CITATION NO.	LB474193
H 2	LICENSE PLATE	PA NO.	SKW502	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O 2	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	2009	Honda	ODYSSEY	Mini van	black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500
V2/O 2	VEHICLE ID NO. (VIN)	5FNRL38689B031231		INSURANCE COMPANY	STATE FARM	
	TOWED TO	TOWED BY		POLICY NO.	039 3180-A15-27B	
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	H12755199		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	LILIANA PIEDRAHITA		PHONE	402-613-7431	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/10/1966	
	5336 W WILKINS, LINCOLN, NE 68524					
J 01	OWNER	LILIANA PIEDRAHITA		PHONE	402-613-7431	
	OWNER ADDRESS		CITY, STATE, ZIP		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO
	5336 W WILKINS, LINCOLN, NE 68524				CITATION NO.	
V1/Q 4	LICENSE PLATE	PA NO.	SUF071	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	2007	Honda	CIVIC	4 door Sedan	blue	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
	VEHICLE ID NO. (VIN)	1HGFA16887L136607		INSURANCE COMPANY	PROGRESSIVE	
K 01	TOWED TO	TOWED BY		POLICY NO.	904503514	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

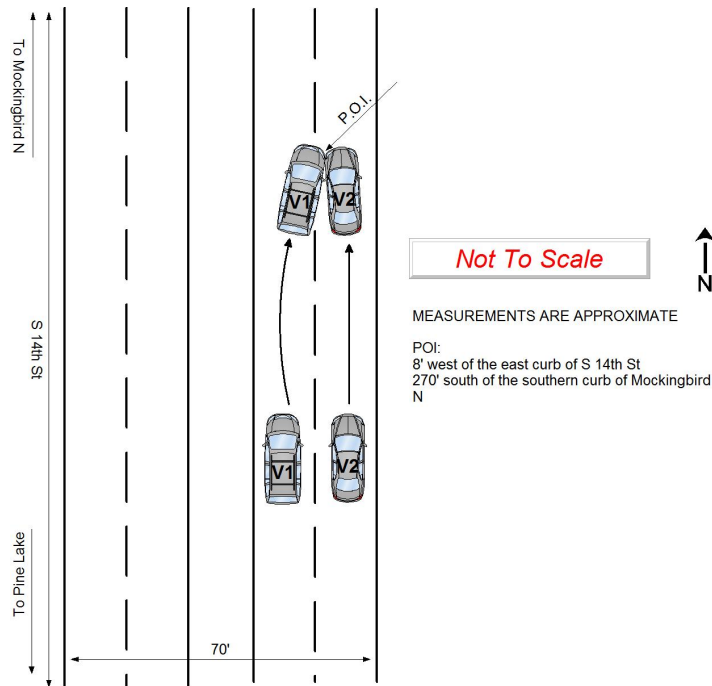
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086379



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver 1 was northbound on S 14th St in the inside lane approaching the intersection of Mockingbird Rd N. As she changed lanes, she collided with Vehicle 2. Driver 1 stated that Vehicle 2 was in her blind spot. Driver 2 was northbound on S 14th St in the outside lane when Vehicle 1 changed lanes and collided with her vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	3	VEH 2	1	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2						ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian		
1	X				S 14TH St														
2	X				S 14TH St														
1	03				06 Turning left														
2	01				08 Entering traffic lane														
					01 Essentially straight ahead	02	03	04											
					02 Backing	05	06	07	08										
					03 Changing lanes	09 Top & windows	10 Undercarriage	11 Total (all areas)	12 Other										
					04 Overtaking/Passing														
					05 Turning right														
					13 Unknown														

OFFICER NO. 1688	TROOP/TEAM/BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jared Hermes		INVESTIGATOR SIGNATURE Approved by Officer Jared Hermes	DATE OF REPORT 09/18/2015